

Declaration and Power of Attorney For Patent Application

專利申請聲明及委任狀

Chinese Language Declaration

如下所述發明者，我在此宣告：

我的地址，郵局地址和國籍身份都列在我的姓名下：

我相信我是原創的，第一個和單獨的發明者（若只列出一人姓名）或是原創的，第一個和共同的發明者（若列出一人以上姓名）。我要求的主題及申請的專利是關於發明

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

CORD WINDING DEVICE FOR A BLIND

其說明書：

the specification of which

(check one)

☒ is attached hereto.

☐ was filed on _____ as

Application Serial No. _____

and was amended on _____ (if applicable)

(注明一項)

☐ 隨同附上

☐ 於 _____ 提出申請

申請順次號碼 _____

於 _____ 提出修正

(如適用於此)

我在此陳述我已經再次查看並明瞭以上所指的說明書的內容，包括上述的要求及修正。

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

我，按照聯邦規則法典第三十七冊第一一五六條(甲)的條文，認知我提供與審查此申請書有關的重要資料的義務。

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

Chinese Language Declaration

我，按照聯邦法典第三十五冊第一一九條的條文，依據下列外國專利申請書或發明者證明申請書在此要求受益優先權，並指出任何上述要求優先權所依據的外國專利申請書或發明者證明申請書其申請日在本申請書的申請日之前。

先前外國申請：

Prior Foreign Application(s)

92129319(號碼)
(Number)Taiwan(國名)
(Country)22/October/2003(申請日/月/年)
(Day/Month/Year Filed)

優先權要求

Priority Claimed

☐ 是
Yes
 ☒ 否
No
(號碼)
(Number)(國名)
(Country)(申請日/月/年)
(Day/Month/Year Filed)
☐ 是
Yes
 ☐ 否
No
(號碼)
(Number)(國名)
(Country)(申請日/月/年)
(Day/Month/Year Filed)
☐ 是
Yes
 ☐ 否
No

我，按照聯邦法典第三十五冊第一二〇條的條文，依據下列的美國申請書要求受益。至於其中每個要求的主題未曾依聯邦法典第三十五冊第一一二條的條文在先前的申請書中透露的，而發生在先前申請書的申請日和本申請書的國家或國際申請書的申請日之間的，我，依聯邦規則法典第三十七冊第一五六條(甲)的條文，認知提供重要資料的義務。

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)

(申請順次號碼)

(Filing Date)

(申請日期)

(狀況)

(已專利，申請中)

(Status)

(patented, pending, abandoned)

(Application Serial No.)

(申請順次號碼)

(Filing Date)

(申請日期)

(狀況)

(已專利，申請中)

(Status)

(patented, pending, abandoned)

我在此聲明所有就我自己知識之下所做的一切陳述均屬真實的，而且依資料和信念所做的一切陳述也相信均是真實的。還有我了解，根據聯邦法典第十八冊第一〇〇一節的規定，有企圖不實或類似的聲明時，應受罰款或監禁的，或兩項同時的處分。像這些企圖不實的聲明會危害到本申請書的合法性或危害到任何專利的批准。

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Chinese Language Declaration

委任狀：

以列名發明者的身份，我在此指定下列律師和／或代理人以從事此申請及辦理與專利商標公署有關之事務：（列下姓名及登記號碼）

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

Matthew K. Ryan Reg. No. 30,800

Ronald R. Santucci, Reg. No. 28,988

通訊地址

Send Correspondence to:
FROMMER LAWRENCE & HAUG LLP
745 Fifth Avenue
New York, New York 10151
U.S.A.

電話（姓名及電話號碼）

Direct Telephone Calls to: (name and telephone number)

Mr. Ronald R. Santucci (212)588-0800

第一個或獨有的發明者全名	Full name of sole or first inventor	
發明者的簽名	日期	Inventor's signature Date
地址	Residence No. 18, Tai-Shan 2nd St., West Dist., Chiayi City, Taiwan	
國籍	Citizenship Taiwan	
郵局地址	Post Office Address same as residence	
第二個共同發明者全名（若有）	Full name of second joint inventor, if any	
發明者的簽名	日期	Second Inventor's signature Date
住址	Residence	
國籍	Citizenship	
郵局地址	Post Office Address	

給第三個和其他共同發明者簽名和日期（若有）

(Supply similar information and signature for third and subsequent joint inventors.)